



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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Communiqué

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2015 SC MIRECC External Advisory Board Meeting Summary

By Mark E. Kunik, M.D., M.P.H.

We held our biennial SC MIRECC External Advisory Board meeting on September 17. The Advisory Board includes key individuals from leadership roles throughout VHA, Veteran Service Organizations, and affiliated universities nationwide, such as the Office of Mental Health Services, other MIRECCs, the Office of Rural Health, the National Center for PTSD, the University of Arkansas for Medical Sciences, and Vietnam Veterans of America. This virtual meeting was also attended by SC MIRECC leadership and administration and other invited guests.

The External Advisory Board is a vital resource in shaping the SC MIRECC's efforts in promoting equity in access, engagement, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans. The Board advises us on national VHA mental health care guidelines and priorities, opportunities for research and collaboration, and how to improve service access and provision through research, clinical care, and education initiatives. This input is essential for SC MIRECC program planning. But this process also serves to inform Office of Mental Health Services on our mission-focused performance and progress.

Dr. Michael Kauth and I began the meeting with a general overview of our unique network (VISN 16), which is largely rural, ethnically diverse, and has a large number of returning Veterans. Dr. Ali Asghar-Ali described our education programs and products, service utilization data, and communication activities. Dr. Jeffrey Pyne presented our research portfolio, which includes grant and publication activity accumulated from more than 60 SC MIRECC-affiliated investigators. SC MIRECC research focuses on areas such as telehealth and other technology, integrated care, community partnership building, and mental and behavioral health projects that involve rural populations. Dr. Kathy Henderson described our Consumer Advisory Board, our collaboration with the VISN 16 Mental Health Product Line, and our Clinical Video Telehealth into the Home demonstration project. Finally, Dr. Patricia Dubbert discussed our advanced fellowship training program, the TRIPS program for psychiatry residents, the grant writing scholars program, and mentoring of junior investigators.

See ADVISORY on page 2

ADVISORY (continued from page 1)

After our presentations, the External Advisory Board gave us feedback and ideas for future directions for our core programs. The feedback was positive and we appreciated each member's thoughtful reflection on the information we provided and detailed suggestions for program planning. For instance, they complimented our program model and our responsiveness to mental health clinical education needs in VISN 16 and encouraged us to evaluate how that model shapes patient experiences and health. They also encouraged us to continue publicizing the importance of rural mental health and to take advantage of opportunities to support rural community workforce needs.

I want to thank everyone who had a hand in facilitating this meeting, including our presenters and our administrative core who coordinated the logistics, data collection, and media support. Their efforts are what make everything we do here at the SC MIRECC possible. I also want to thank our clinical stakeholders for allowing us to share our knowledge with you, supporting your efforts to provide quality clinical care, and trusting us with your education. We are taking what we have learned from this meeting and using it to enhance our research, education, and clinical programs so that we can continue to give you the best of what we have to offer. ♦

External Advisory Board Members

Wendy Tenhula, Ph.D.

Acting Deputy Chief Consultant for
Specialty Mental Health

Thomas Berger, Ph.D.

Executive Director, Veterans Health Council
Vietnam Veterans of America

Gina Capra, M.P.A.

Director, Office of Rural Health

Pedro Delgado, M.D.

Director, UAMS Psychiatric Research
Institute

John Fairbank, Ph.D. (Chair)

Director, VISN 6 MIRECC

Terence Keane, Ph.D.

Associate Chief of Staff for Research &
Development
Director, NCPTSD Behavioral Science
Division

Bruce Levine, M.D.

Assistant Director for Education,
VISN 3 MIRECC

Jay Shore, M.D., M.P.H.

Native Domain Lead, Veterans Rural Health
Resource Center Western Region, ORH

Special Guests

Daniel Kivlahan, Ph.D.

National Mental Health Program Director,
Addictive Disorders, Mental Health Services

Stacey Pollack, Ph.D.

National Director of Program Policy
Implementation, Mental Health Services

John Rader, LCSW

Manager, VISN 16 Mental Health Product
Line

CBOC Mental Health Rounds

Sponsored by the South Central MIRECC

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled “**Parenting with PTSD: Challenges, Opportunities for VA Clinicians and Resources**” on Wednesday, December 9 at 8:00-9:00 a.m. CT or Thursday, December 10 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Michelle D. Sherman, Ph.D., Jenna Gress-Smith, Ph.D., and Kristy Straits-Troster, Ph.D., ABPP. At the conclusion of this educational program, learners will be able to:

1. Discuss the impact of parental PTSD on youth;
2. List three resources for Veteran parents and their children regarding parental PTSD; and
3. Discuss the way in which VA clinicians can support Veterans in their role as parent.

Call 1-800-767-1750 and use access code 37009# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

Upcoming CBOC Mental Health Rounds
Second Wednesdays
(8:00-9:00 am CT)
and
Thursdays
(11:00-12:00 am CT)
Monthly
(800) 767-1750; 37009#

January 13 & 14, 2016
Driving and Dementia

February 10 & 11, 2016
Eating Disorders



Webinar

New Manual to Promote Walking for Physical and Emotional Health Now Available

Developed by Patricia Dubbert, Ph.D., Ashley McDaniel, M.A., Joseph Banken, Ph.D., Kristen Viverito, Psy.D., Barbara Stetson, Ph.D., and Andrea Dunn, Ph.D.

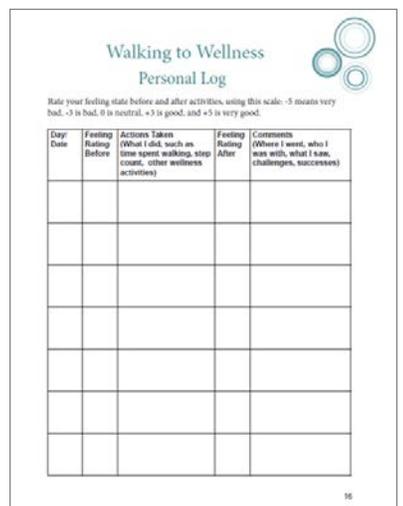
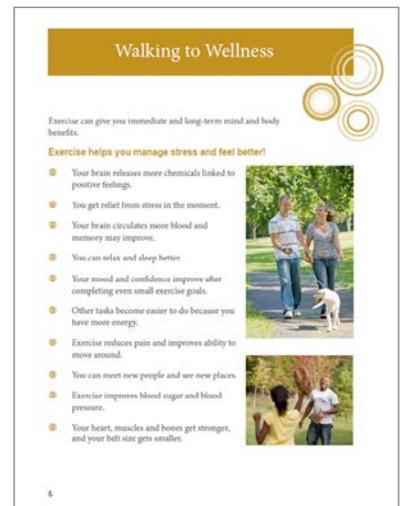
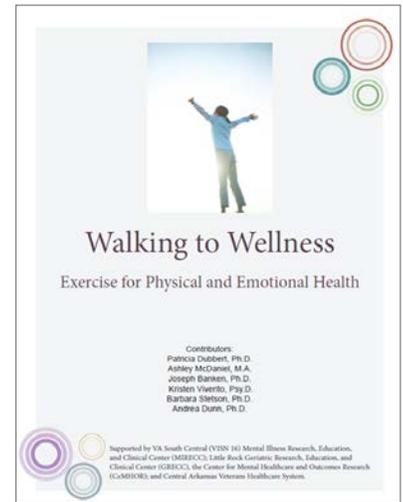
Almost every adult can improve his or her physical and mental health by engaging in regular exercise. Exercising for wellness does not have to be strenuous, painful, or lengthy; nor does it have to be performed in a gym. In the *Walking to Wellness* program, we consider any physical activity that improves or maintains health to be “exercise.” In particular, we recommend walking because it is safe, accessible to many people, and scientific evidence shows that it is good for physical and mental health.

Walking to Wellness is designed for adults experiencing mild to moderate stress, anxiety, or depression symptoms and is different from most exercise promotion materials because of the emphasis on using activity for emotional wellness. The suggested activities may help adults who are already active increase the emotional benefits of physical activity. For adults who are not active, *Walking to Wellness* is designed to help them start walking regularly over four weeks. Those for whom walking is not accessible can use the physical activity that works best to achieve the goals of this program.

Walking to Wellness includes a participant workbook and a facilitator manual for health care providers. The workbook is intended for adults who can walk for at least 10 minutes, but can be adapted for those who need to start with very brief walks due to other health conditions. Providers can use these materials as an adjunct to other interventions in primary care, mental health, and health promotion clinical settings for managing chronic conditions. These materials can be used along with medication, psychotherapy, supportive counseling for persons seeking treatment for mental health symptoms, or for other wellness education. The tip sheets can be used separately and can also be incorporated into individual counseling or groups that discuss other topics, such as nutrition or strategies for stress management. The facilitator’s guide includes an up to date summary of research supporting the benefits of exercise in mental health and suggestions for using the materials in group or individual sessions.

The *Walking to Wellness* participant workbook can be used alone as a self-help guide. It includes tip sheets that outline basic information about exercise and its benefits, worksheets to plan activity, and personal logs to record experiences. We believe that many individuals who are struggling with anxiety or depression symptoms will be more successful if they try the activities with a group of other participants or in the context of individual counseling with a facilitator or therapist. Self-help participants should follow their health care provider’s advice about any activity limitations based on individual health status.

The development of these materials was supported by SC MIRECC; Little Rock Geriatric Research, Education, and Clinical Center (GRECC); the Health Services Research and Development Center for Mental Healthcare and Outcomes Research (CeMHOR); and Central Arkansas Veterans Healthcare System. To download the workbook and facilitator manual, visit <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>. For more information about the *Walking to Wellness* program, email Patricia.Dubbert@va.gov. ♦



RECENT SC MIRECC PUBLICATIONS

INTENSIVE WEEKEND GROUP TREATMENT FOR PANIC DISORDER AND ITS IMPACT ON CO-OCCURRING PTSD: A PILOT STUDY

Teng, E. J., Barrera, T. L., Hiatt, E. L., Chaison, A. D., Dunn, N. J., Petersen, N. J., & Stanley, M. A.

Journal of Anxiety Disorders, 33, 1-7

This pilot study examines the feasibility, acceptability, and potential effectiveness of delivering an intensive weekend group treatment for panic disorder (PD) to Veterans returning from deployments to Iraq and Afghanistan with co-occurring PTSD. The treatment program lasted 6 hours each day and was delivered by two experienced therapists. Patients received core components of panic treatment, including psychoeducation, cognitive restructuring, and interoceptive exposure. The interoceptive exposure exercises directly targeted anxiety sensitivity, a psychological construct also implicated in the maintenance of PTSD. Eighty-nine percent of patients who expressed interest in the treatment attended a baseline evaluation, and 63% of those who were study eligible initiated treatment.

Treatment retention was high, with all 10 patients who initiated treatment completing the program. Veterans reported finding the treatment and delivery format highly acceptable and reported high levels of satisfaction. Panic symptoms improved significantly following the treatment and were maintained at a 7-month follow-up, with 71.4% of the sample reporting being panic free. Co-occurring PTSD symptoms also improved along with symptoms of anxiety and depression. Preliminary findings suggest that brief and intensive group treatments for PD/PTSD are a promising method of delivering cognitive behavioral therapy that may rapidly improve symptoms. This innovative treatment delivery format also may be a cost-effective way of increasing treatment engagement through increased access to quality care.

UTILIZATION OF EVIDENCE-BASED PSYCHOTHERAPY FOR PTSD BY RURAL AND URBAN VETERANS

Baker, A., Mott, J. M., Mondragon, S., Hundt, N. E., & Teng, E.

Journal of Rural Mental Health, 39(2), 81-89

Rural Veterans constitute approximately 28% of the Veteran population. Research indicates that rural Veterans have more severe PTSD symptoms, lower health-related quality of life, and receive less psychotherapy than urban Veterans receive. However, little research has focused on service utilization patterns of rural Veterans who do initiate psychotherapy. The present study offers a preliminary examination of rural and urban Veterans' utilization of psychotherapy services at a large, metropolitan VA Medical Center. Participants were 156 Veterans enrolled in a VA PTSD and anxiety specialty clinic who received individual psychotherapy from providers trained in evidence-based psychotherapies (EBPs) for PTSD.

Data extracted from Veterans' medical records were used to examine rates of initiation and completion of evidence-based psychotherapy for PTSD among rural ($n = 27$) and urban ($n = 129$) Veterans. Rural and urban Veterans did not differ on rates of evidence-based psychotherapy initiation or completion ($p > .05$). Rural Veterans were significantly more likely to receive prolonged exposure therapy, whereas urban Veterans were more likely to receive cognitive processing therapy. Although past studies suggest that rural Veterans tend to underutilize psychotherapy services, these data suggest that rural Veterans who do receive psychotherapy are successfully accessing evidence-based psychotherapy for PTSD and may be more likely to initiate exposure-based techniques. ♦

Attribution: Acknowledgement of MIRECC Research Support/Employment

SC MIRECC researchers and educators have a responsibility to ensure SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit SC MIRECC if they receive either direct or indirect SC MIRECC support. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education and Clinical Center." If you receive salary support from SC MIRECC, you should list SC MIRECC as an affiliation.

SC MIRECC ANNOUNCEMENTS

SC MIRECC Pilot Study Program Quarterly Application Deadline is January 4

We accept applications for the SC MIRECC Pilot Study Research Program four times a year: January 1, April 1, July 1, October 1, or the following Monday after a weekend. The next application deadline is January 4, 2016.

Generally, pilot study grants are less than \$75,000. Investigators proposing multi-site studies may request additional funds. Study expenses must be justified and we welcome proposals with more modest budgets. All SC MIRECC core and affiliate faculty and fellows are eligible to apply. A SC MIRECC core or affiliate investigator must serve as co-principal investigator on trainee proposals (fellow, resident, or intern). For more information, contact Dr. Ellen Fischer at fischerellenp@uams.edu or (501) 257-1711. Visit <http://www.mirecc.va.gov/visn16/research.asp> to download the application.

MIRECC Implementation, Design and Analysis Support Available for SC MIRECC Affiliates

MIRECC Implementation, Design and Analysis Support (MIDAS) offers centralized design, methodologic and analytic support to investigators in the South Central VA Health Care Network who are seeking intramural or extramural funding or conducting pilot projects. With expertise in biostatistics, epidemiology, psychometrics, qualitative methods, application of technology to research and education, and project implementation, team members can work with you around such topics as:

- Study design
- Instrument selection or design
- Recruitment and data collection procedures
- Analysis of qualitative data
- Identification of best VA data sources & access procedures
- Manuscript preparation
- and much more!

When the core MIDAS team does not have needed expertise, efforts will be made to connect you with other experienced methodologists within the SC MIRECC or located in research or academic institutions elsewhere. For more information or to request MIDAS services, contact Dr. Ellen Fischer at fischerellenp@uams.edu or (501) 257-1711.♦

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